DOCUMENT RESUME

ED 389 979 CG 026 707

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TITLE Peer Educator Training Manual.
PUB DATE [95]
NOTE 119p.; A training manual developed for the Institution-Wide Drug Prevention Program at San Antonio College.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Community Resources; *Counseling Techniques; Discussion Groups; Drug Abuse; Drug Use; Higher Education; Intervention; *Peer Counseling; *Peer Teaching; Prevention; Programs; Training
IDENTIFIERS San Antonio College TX

ABSTRACT

The consequences of alcohol and drug abuse on college campuses across the United States has been well documented. Designed to bring the problems related to drug and alcohol abuse into focus, this training manual is a compilation of seminars created to allow facilitators (counselors, professionals, trainers) to train students as peer educators. The 20-hour program presents formal material on the effects of drug and alcohol and intervention skills to students and provides informal opportunities for discussion, group interaction, and presentation practice in order to reduce alcohol and other drug use through proactive prevention. Thirty-four appendices which constitute 40 percent of the document include interview questions for peer educators; application and statistical information on alcohol and drugs; and profiles of alcohol and drug users. Contains 31 references. (SR)

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ED 389 979

PEER EDUCATOR TRAINING MANUAL

by

Thomas C. Hoy

A Training Manual Developed for the Institution-Wide Drug Prevention Program at San Antonio College

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PEER EDUCATOR TRAINING MANUAL

Forward

This **Peer Education Training Program** is a series of seminars designed to bring into focus the problems, effects, intervention skills, and issues related to alcohol and other drug abuse on a higher education campus. This program will train students as peer educators to provide presentation services as part of a comprehensive, institution-wide drug prevention program at San Antonio College. This training program was constructed to allow facilitators (counselors, professionals, trainers) to utilize information on drugs and alcohol, counseling skills, community resources, and presentation examples to advance the application of knowledge and theory into practical use. The intent of this training program is to present formal material to the student and provide some informal opportunities for discussion, group interaction, and presentation practice. This series of seminars is to apply proactive prevention to reduce alcohol and other drug abuse.

The benefit students will receive by taking this training include (1) completing twenty hours of credit

coursework toward certification from the Texas Association of Alcohol and Drug Abuse Counselors (TAADAC), (2) receiving up-to-date information on alcohol and other drug abuse prevention, and (3) preparing to make presentations at San Antonio College and in the community. It is also important that students provide some evaluative feedback on the effectiveness of these seminars so that this learning opportunity can be improved.

Mission Statements

The San Antonio College mission statement includes the breadth of focus which will allow the presentation and instruction of a peer educator training program, and is stated as follows:

> San Antonio College is a public community college which provides for and supports the educational and lifelong learning needs of a multicultural community. As a leader in education, San Antonio College is committed to helping students reach their full potential by developing their educational competencies, critical thinking skills, communication proficiency, civic responsibility and global awareness (Burgos, 1994, p.1).

The mission statement of the Institution-Wide Drug Prevention Program also provides for this type of activity and is written as follows: "Our mission is to

provide proactive drug prevention information in order to empower students to make responsible decisions about alcohol and other drug use" (Flores, 1994, p. 5).

These mission statements support the **Peer Educator Training Program** in preparing students to provide proactive prevention regarding alcohol and other drug abuse issues, as well as preparing students to become leaders in future communities.

Program Outcomes

It is the intent of the **Peer Educator Training Program** to act as a catalyst for developing alcohol and other drug abuse prevention skills in interested students in order to prepare individuals to make an impact on the normative behavior of fellow students at San Antonio College and the community. There is a need to positively influence the practice of peer educators so they can (1) provide for the proactive prevention needs of the student body and surrounding community, and (2) carry on future educational growth opportunities for others. Through the **Peer Educator Training Program**, the overall level of expertise can be developed or improved.

It is in the interest of San Antonio College to see that students reach their full potential through student support services programming which trains students for public duty, new skills, and knowledge of resources. The **Peer Educator Training Program** will concentrate on providing outcomes which will allow students to perform activities in support of goals which meet the needs of other students.

Instructional Objectives

This series of seminars is constructed to provide students with practical information needed to make reasonable decisions on issues related to student alcohol and other drug abuse, and to make proactive prevention presentations on a wide variety of subject matters dealing with substance abuse. The instructional plan is to provide lecture and formal discussion, handouts, informal group activities, and analysis of presentation styles and strategies. Additional materials, handouts, and reference guides will allow the student to continue the study of alcohol and other drug abuse prevention after the series of seminars is completed.

Student Competencies

After this series of seminars, students will be able to

Demonstrate knowledge and terminology used regarding the topology of alcohol and other drug use;

Identify the major problems related to alcohol and other drug abuse;

Demonstrate an understanding of the current issues related to substance abuse (including college policies);

Better develop an ability to make presentations to peers on alcohol- and drug-related topics;

Demonstrate an understanding of the use of resiliency skills in prevention;

Better develop a knowledge of self, diversity, and community needs/resources; and,

Demonstrate knowledge of counseling and communication skills.

Training Title and Description

The title of this series of seminars is the **Peer Educator Training Program**. These seminars will examine the principles of proactive prevention of alcohol and other drug abuse, and peer education presentations utilized in higher education. The study will provide an overview of critical issues and problems related to abuse, analysis of presentation techniques, trends in abuse identification and treatment, opportunities for

practice sessions, as well as an ideological platform from which peers can visualize the impact of proactive prevention.

Preface

The consequences of alcohol and drug abuse on college campuses across the United States has been well documented. Johnston, O'Malley, and Bachman (1991), found that 93.1% of college students report alcohol use, 54% report some form of illicit drug abuse, and while most drugs have declined in popularity since 1980, alcohol is still widely used (at about the same rate as in 1980). This abuse of alcohol and other drugs has caused many consequences for the users (including driving accidents, drop-outs, and personal problems). In response to this dilemma facing college students, institutions of higher education have turned to programs and activities which reduce the abuse of alcohol and other drugs. One program that has been successful is the peer education concept (Harlow, 1992), which uses students to model behaviors, make presentations, and provide a listening ear for students who are experiencing problems. A special attribute of the peer educator program is the efficiency with which

information can be shared with a large group of students in a relatively short period of time.

In recent years, there has been a greater acceptance of seeking assistance with alcohol and other drug abuse problems. Individuals are seeking help, as well as information, which will provide them with a means of avoiding consequences of abuse. Hopefully, through this training program, peer educators will be able to share a healthy perspective involving accurate information, resources, and referral. This peer educator program will be one part of a comprehensive alcohol and drug abuse program at San Antonio College.

Acknowledgements

This document is the culmination of the efforts of many individuals who donated their expertise and time to provide a training opportunity for students at San Antonio College. In an attempt to enrich the lives of others, these individuals provided direction, input, skills, and feedback on this program manual.

The **Peer Educator Training Program** is grateful to the following individuals for their contribution to this document:

Earl L. Wright, Student Affairs

Manuel L. Flores, Counseling and Services for Special Populations

Mary A. Hill, Consultant for the Institution-Wide Drug Prevention Program

Kim D. Arrendell, Disabled Student Services

Roberto J. Flores, Student Assistance Program

Emma L. Mendiola, Special Services

Robert R. Rodriguez, Student Advisor

Rebecca A. Rubin, Counseling Center

Lawrence E. Webb, Office Assistant

Thanks to all of you for your help.

Thomas C. Hoy

PEER EDUCATION TRAINING MANUAL

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Sources for Training Model:

Herrscher, B. R. (1992). Curriculum and program planning. Fort Lauderdale, FL: Nova Southeastern University.

Ornstein, A. C., & Hunkins, F. (1993). Curriculum: Foundations, principles, and theory (2nd ed.). Boston, MA: Allyn and Bacon.

PEER EDUCATOR TRAINING MANUAL

Purpose

The role of the peer educator is to help reduce the abuse of alcohol and other drugs, reduce risky behaviors that lead to problems, and provide accurate information as a means of decreasing preventable disease, injury, or death. Because individuals are increasingly more aware of health needs, are taking more responsibility for their personal behavior, and are seeking more information about health and lifestyle decisions, peer educators can provide a major contribution in facilitating this process toward learning to live with wellness.

The purpose of the **Peer Educator Training Program** is to provide the means by which students can gain information, resources, and practical experience in conducting prevention activities and presentations. By providing a quality training procedure, this program will prepare student peer educators to improve self-confidence, become better presenters, and gain information on the tasks required in giving help and referral to students requesting assistance. The peer

educator program will furnish an opportunity for students to develop a sense of community within the campus environment, which can be transferred to the larger community in society after graduation (Taylor, 1994).

Rationale

The development of the helping professions field will not progress without training and encouragement that directs the actions of those involved. The peer educator program provides a method whereby prevention assistance can be delivered to students who are reaching a new level of decision-making development while enrolled in higher education institutions. Peer educators are an effective means of enhancing prevention because (1) they are an economical way of sharing proactive information, (2) they can provide a message to a target population because the attitudes of the peers are believed to be similar to the other students, (3) students rely upon other students for information, making peer educators an important source of help, and (4) the role modeling demonstrated by peers helps change attitudes on certain issues related to alcohol and other drugs (Sloane & Zimmer, 1993).

The contents of this series of seminars are an important part of the ongoing development of peer educators.

Problem

Alcohol is the drug of choice on college campuses across the country (Haberman, 1994). Although drug abuse has decreased in the last 10-15 years (except inhalants), studies show that controlled substances are used by about one-half of the college population and are still a major concern (Werch, Meers, & Farrell, 1993).

Drinking moderately is not considered a problem in our society and may have some benefit. However, underage drinking, substance abuse, or driving while intoxicated are certainly illegal and in many cases present problems for the users. Some of the serious personal problems that are related to alcohol and other drugs were reported in the 1989 study by Harding and Connor:

40%	family court cases;
50%	rapes;
70%	child sexual abuse; and,
25%	school drop-outs.

These problems produce a major burden on society as well as multiply individual and family difficulties.

Kinney (1991) also reported that deaths attributed to alcohol use accounted for the following:

69% deaths by drowning;

25% falls;

25% fire deaths;

50% highway fatalities;

30% suicides;

50% homicides; and,

35-75% pedestrian fatalities.

The problems on college campuses are often more severe than in the general population, and several authors (e.g., "Student Drinking on Rise," 1994) have reported consequences are at crisis proportions. A sample of some of the problems that have impacted college campuses are as follows:

60% of college women with AIDS were under the influence when they had sex;

90% of campus rapes include one or both parties using alcohol;

95% of violent crimes include alcohol;

53% of all injuries on campus involve drinking;

41% of all academic problems are related to alcohol; and,

28% of all drop-outs are connected to alcohol use.

Presley and Weilman (1992) have also reported that alcohol and other drug problems regularly disrupt the educational process. The following are some of the results in their nation-wide study of substance use at higher education institutions during a one-year period:

63%	had a hangover;
50%	got ill from drinking or drugs;
39%	later regretted actions;
36%	drove intoxicated;
33%	got into a fight or argument;
30%	missed classes; and,
23%	performed poorly on a test.

These problems indicate that proactive prevention efforts are needed on college campuses. Many studies have shown (e.g., Horton, 1992) that a peer education program is one of the key components (in a comprehensive prevention program) to impact the behaviors which lead to student problems. The peer education program at San Antonio College will seek to prepare students to confront those normative attitudes that are linked to the problems associated with alcohol and other drug abuse.

Learning Outcomes

This series of seminars constituting the **Peer Educator Training Program** was developed to facilitate the following outcomes:

(1) increase participants' knowledge of alcohol and other drug pharmacology and effects;

(2) assist participants in identifying the problems and consequences of abuse;

(3) provide participants with the basics of communication, counseling, and presentation skills;

(4) assist students in identifying issues related to alcohol and other drug abuse;

(5) improve the general understanding of the participants on how the social environment and normative processes can be changed;

(6) increase participants' knowledge of self and leadership capabilities;

(7) assist participants in identifying the resources available on-campus and in the community; and

(8) improve the training of peers through feedback, observation, and evaluation.

Seminar Framework

Peer Educator Training Program

Twenty hours of Continuing Education credit through the Texas Association of Alcohol and Drug Abuse Counselors (TAADAC).

Training Elements:

(1) Pretraining--recruiting, interviewing, selecting;

(2) Training--content, testing, practice; and,

(3) Posttraining--evaluation, observation, follow-up (deRosenroll & Dey, 1990).

Training Content:

(1) Alcohol and drug abuse problems and consequences;

(2) Campus policies and state laws;

(3) Local and national study results;

(4) Peer educators role;

(5) Advertising influences;

(6) Health model introduction;

(7) Alcohol and other drug effects;

(8) Assessment, intervention, and referral;

(9) Stress management;

(10) Alcohol and other drug issues;

(11) Decision-making;

(12) Counseling and helping skills;

(13) Diversity;

(14) Resource materials;

(15) Leadership;

(16) Community resources;

(17) Communication and presentation skills; and,

(18) Evaluation and classroom observation.

Learning Activities:

(1) Lecture,

(2) Discussion,

(3) Reading,

(4) Assessment,

(5) Group process and exercises,

(6) Video presentations,

(7) Case examples/scenarios, and

(8) Mock class presentation sessions.

Units of Instruction

"PEER (pir) n. A person or thing of the same rank, value, quality, ability, etc." (Webster's New World Dictionary, 1984, p. 1048).

"EDUCATOR (ej 'e kāt 'er) n. A person whose work is to educate others; teacher" (Webster's New World Dictionary, 1984, p. 444).

Introduction

This is a twenty hour training program for peer educators covering materials, issues, problems, solutions, and additional informational items needed for students to make proactive prevention presentations on alcohol and other drug abuse topics.

Pretraining

Before training begins a pretraining element will need to be accomplished in order to recruit, interview, and select the participants for the peer educator training. The process of recruiting diverse peer educator applicants from campus leaders, students who are in recovery, and other interested individuals involves a strategic plan in order to get the news out to everyone on campus (see Appendix A). An application will be required of each candidate (see Appendix B). The interview process should be conducted in a professional manner using a set of questions that seeks

to gain insight into the characteristics, ambitions, and goals of the applicant (see Appendix C). The selection procedures are the main ingredients in the pretraining element. Figure 1 presents a model discussed by Gordon (1993) which will be utilized to select students for the peer education training at San Antonio College.

Stage 1>	Stage 2>	Stage 3>	Stage 4>	Stage 5>
Written Application	References Checked	Individual Interviews	Selection Meeting	Acceptance Letter

Figure 1. Model for selecting peer educator applicants.

Follow-up to the selection process will be an orientation session conducted for the successful candidates in order to inform them of the scheduling, content, and intent of the training.

Training

The curriculum content will be presented to the participants using the previously discussed "Seminar Framework." Facilitators will be faculty and community professionals who are experts in their field and have instructional experience. A pretest and posttest will

be administered to provide applicants with feedback on their advancement during the session. Learning will include the affective and cognitive domains throughout the activities of the training. The units of instruction will further detail the curriculum design for this training program.

Posttraining

The training program will be considered a starting point from which peer educators can mature and develop in their abilities to present to groups and assist individuals. Process evaluation will be utilized to gain feedback on the training program, and the prepared form found in Appendix D will be used for this purpose. Additional process evaluation will be conducted after each peer educator makes a presentation (see Appendix E) in order to give the student information on the audience's perception of the material and delivery. Figure 2 provides a simple input/output model of the process evaluation that will be used with each peer educator presentation. Follow-up training and regular meetings will be scheduled with peer educators to provide clarification, new training details, successful experiences, and scheduling

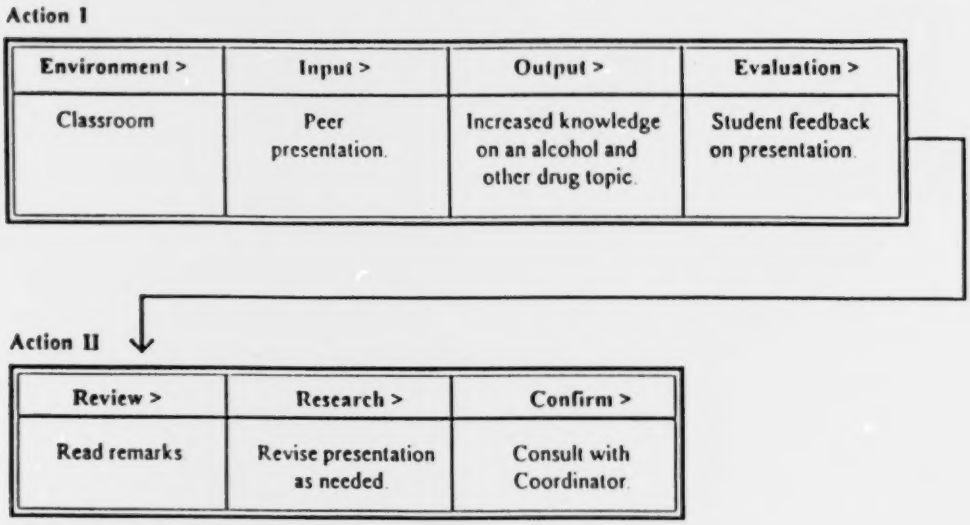

Figure 2. Model for process evaluation of peer presentation.

conflicts. Refreshments will be served at all peer educator meetings and follow-up training sessions.

Curriculum Units

Unit 1

This seminar will include a welcome, a get-acquainted exercise, abuse problems overview, alcohol-and-other-drugs college policy, national and local survey study results, and drug and alcohol facts pretest. It is important to establish rapport and put the participants at ease concerning activities, questions, and dialogue during this first seminar. This unit should include the expectations and policies set out by TAADAC for seminars used for credit. The time frame for this unit should be approximately two hours.

Objectives. Participants will be able to

1. identify problem areas caused by alcohol and other drug abuse;
2. gain knowledge of the trends in alcohol and other drug abuse generally, and on college campuses specifically;
3. identify the general concepts found in the San Antonio College "Drug-Free Schools Policy," and Texas Civil Statutes regarding alcohol and other drugs on state campuses; and

4. gain an overview of the training program and the minimum requirements to be maintained for competency.

Outline. The following subjects will be covered in this unit:

1. Welcome--
   - Introductions
   - Training schedule
   - Unit outline and facilitators schedule
   - Course expectations and policies
     - Attendance
     - Confidentiality
     - Participation
     - Competency requirements
2. Pretest (see Appendix F)
3. Get acquainted exercise--

   Participants will be placed in dyads in order to interview each other. Students will be asked to take notes. Interview questions will be asked of each participant as follows:

   - What is your name?
   - What is your major?
   - What school did you graduate from or attend?

Why did you apply to be a peer?

What is your favorite movie? Why?

Have you ever known an addict or alcoholic? Who or in what situations?

Dyads will be combined into groups of four participants, then each person will introduce his/her partner to others in each group. A group of four will be combined with another group to make a group of eight (or sometimes six if needed) and again partners will introduce the person they interviewed. A contest will be held to see who can remember the largest number of names (a prize may be given out as a reward).

4. Definitions used in these seminars--

Alcohol	Drug Abuse
Addiction	Tolerance
Controlled substance	Proactive prevention

Primary, secondary, tertiary prevention

5. Problems with abuse--

National statistics

College statistics

San Antonio College statistics

Consequences (injury, disease, addiction)

6. San Antonio College "Drug-Free Schools Policy" (see Appendix G)--

   Legal sanctions

   Disciplinary sanctions

   Health risks

   Student Assistance Program

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Group process
4. Reading (San Antonio College policy/handouts)
5. Assessment

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Workbook:

1. Pretest
2. San Antonio College "Drug-Free Schools Policy"
3. San Antonio College CORE Alcohol and Drug Survey results (see Appendix H)
4. Schedule of Training Sessions (see Appendix I)
5. Information on Alcohol/Drugs (see Appendix J)
6. Americans for a Drug-Free America (Stacy, 1991)

Unit 2

The second seminar includes a description of the role of a peer educator, reasons to be drug-free, the influence of alcohol advertising, and an introduction to the wellness model. Participants will be given an assignment for the last seminar meeting which involves making a mock presentation. The assignment is announced at this meeting so topics can be selected, teams formed, and materials researched in time for the practice presentation. The time frame for this unit should be approximately one hour.

Objectives. Participants will be able to

1. identify the role peer educators play in a higher education environment,
2. gain knowledge of how advertising creates a social environment conducive to drinking, and
3. relate to a wellness model that promotes healthy living and lifelong learning.

Outline. The following subjects will be covered in this unit:

1. Role of peer educators--
   - Presenter
   - Listener

Facilitator

Educator

2. Reasons to stay drug-free--

Underage drinking penalties

Drunk driving

Poor grades

Addiction

Policy/laws

3. Alcohol advertising--

Alcoholic environments

College students targeted

College alcohol consumption costs

$4.2 million yearly

More than all postsecondary textbooks

Deceptive advertising practices

Magazine advertising (transparencies)

Alcohol ads analysis

Video--"Drink Sells the Dream"

4. Wellness model--

Physical	Social
Spiritual	Intellectual
Emotional	Occupational

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Video presentation
4. Reading (handouts)

Handouts. The following handouts will be distributed for this unit:

1. Peer Educator Job Description (see Appendix K)
2. 10 Deceptive Advertising Tactics (see Appendix L)
3. Wellness Model (see Appendix M)

Unit 3

This section of the training will provide an overview of the pharmacology, effects, and common names of drugs and alcohol. Americans for a Drug-Free America (1991) will be used as a text for this seminar and reference for peer educator research. The time frame for this unit should be approximately one hour.

Objectives. Participants will be able to

1. identify the major controlled substances and their effects; and
2. recognize the "street names" of drugs and alcohol.

Outline. The following subjects will be covered in this unit:

1. Typical drugs of abuse--

Marijuana	Alcohol	Barbiturates
Cocaine	Amphetamines	PCP
Opiates	Heroin	LSD
Peyote	Mescaline	Psilocybin
Designer	Ecstacy	Solvents
Anesthetics	Aerosols	Prescription
Over-the-counter		Steroids

2. Drug groups--

Depressants	Stimulants
Narcotics	Hallucinogens
Look-alikes	Inhalants

3. Effects--

Drug name	Street terminology
Origin or chemical	Physical symptoms
Mental reactions	abuse methods

Video--"The Twenty Questions"

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Reading (text/handouts)
4. Video presentation

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Workbook:

1. Summary of Drug Effects (see Appendix N)
2. Americans for a Drug-Free America (Stacy, 1991)

Unit 4

This seminar will cover addictions, alcohol and drug abuse, assessing and detecting use, and abuse behaviors. Facts related to driving while intoxicated will be reviewed. The time frame for this unit should be approximately one hour.

Objectives. Participants will gain information and be able to

1. identify major issues regarding addiction and alcohol/drug abuse,
2. detect substance abuse symptoms, and
3. gain knowledge of the Surgeon General's 1988 report on drunk driving.

Outline. The following subjects will be covered in this unit:

1. Overview of alcohol and drug abuse--
   - Experimentation/social use
   - Heavy use
   - At-risk behavior profile
   - Addiction
   - Denial
   - Intervention
   - Video--"The Addictive Personality"
2. Assessment of abuse--
   - Signals of alcohol and other drug abuse
   - Signs of an abuse problem

Group exercise on differential diagnosis

Groups of four to six participants will discuss the signs of abuse and make a list of disabilities, injuries, and circumstances that may appear like drug use or drunkenness.

3. Review the Surgeon General's fact sheet--

Alcohol-impaired driving

Underage drinking/driving

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Video presentation
4. Reading (handouts)
5. Group process

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Workbook:

1. Fact Sheet on Alcohol-Impaired Driving (see Appendix O)
2. 10 Signals that Your Teenager may have a Substance Abuse Problem (see Appendix P)

3. Signs and Symptoms of Adolescent Drug Use (see Appendix Q)

4. Signs of a Problem (see Appendix R)

5. A High Risk Profile for Drug and Alcohol Abuse (see Appendix S)

Unit 5

This seminar will include the background, assessment processes, and benefits of stress management. The connection between stress and substance abuse has been documented (e.g., Ramsey, Greenberg, & Hale, 1989) and indicates that students who can control stress are less likely to abuse alcohol or drugs. The time frame for this unit should be approximately one hour.

Objectives. Participants will be able to

1. understand the key elements of stress management;
2. informally assess stress events and factors;
3. gain knowledge of the signals, sources, and solutions of stress; and
4. use relaxation techniques to reduce stress.

Outline. The following contents will be covered in this section on stress management:

1. Terminology--

Stress	Distress
Eustress	Stressors
Stress reduction	Systematic relaxation

2. Background--

Hans Selye- University of Prague

Response--physical, mental, affective, and behavioral strain

Signals

Feelings	Thoughts
Actions	Physiology

Sources

Physical environment

Social environment

Cognitive environment

Solutions

Modify environment

Modify beliefs

Modify arousal

Video--"Coping with Stress"

3. Assessment--

Stress Test and Yates Stress Evaluation

Administer

Score

Discuss

4. Systematic relaxation exercises--

Relaxation lowers anxiety

Group exercises

Muscle tension and release

Mental self-guiding relaxation

5. Group process--

In groups of four to five, participants will list and discuss five stressors in their lives. Each group will compare the various stressors and determine the top three per group, then report the findings to the class.

Activities. The following activities will be used in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Group process
4. Group exercises
5. Assessment
6. Reading (handouts/tests)
7. Video presentation

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Handbook:

1. Stress assessments
2. Tips for Reducing Stress (see Appendix T)

3. Common Misconceptions About Stress (see Appendix U)

4. Cartoon poster of a stressed-out cat

Unit 6

This seminar will include some of the consequences of alcohol and other drug abuse which affect individuals and families. Specific topics to be covered are the dysfunctional family, sexually transmitted diseases (STD's), co-dependency, and problematic sexual contacts. It is important to share with participants that some details of this seminar's content may uncover repressed feelings and thoughts. Facilitators should refer participants who have concerns to the Student Employee Assistance Program. The time frame for this unit should be approximately one hour.

Objectives. Participants will be able to

1. gain knowledge of the connection between AIDS/HIV and alcohol/drug abuse,
2. understand the survival roles of members of a dysfunctional family where addiction has been a factor,
3. identify common STD's, and
4. understand the connection between alcohol/other drug abuse and unplanned/unwanted sexual activities.

Outline. The following subjects will be covered in this unit:

1. HIV/AIDS connection--
   - History of AIDS
   - Future epidemic potential
   - Disease infection
   - At-risk behaviors
2. STD's--
   - Herpes
   - Chlamydia
   - Gonorrhea
   - Syphilis
3. Dysfunctional families--
   - Survival roles
     - Chief enabler
     - Hero
     - Scapegoat
     - Lost child
     - Mascot
   - Role responsibilities
   - Family defenses
   - Co-dependency consequences
4. Sexual-related problems--
   - National statistics
   - Rape
   - Unprotected sex and risks
   - Inhibitions
   - Unplanned sex and intoxication

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Reading (handouts)

Handouts. The following materials will be distributed, or referred to from the Peer Educator Workbook:

1. The Family Illness (see Appendix V)
2. AIDS: The Drug and Alcohol Connection (Siegel and Korcok, 1989)

Unit 7

This seminar will include information on the process of decision-making, problem resolution, and strategic planning. The everyday experience of making rational decisions will be examined, as well as the relationship between decisions and alcohol and other drug abuse.

Objectives. Participants will be able to

1. identify the steps involved in the process of decision-making, and
2. understand the connection between values/decision-making/choices and the use of alcohol and other drugs.

Outline. The following topics will be covered as part of this unit on decision-making:

1. Definitions--
   - Decision-making
   - Problem resolution
   - Strategic planning
   - Values
2. Steps in basic decision-making--
   - Identify problem/issue/need
   - Talk to key players/get resources
   - Consider the other side
   - Generate a number of solutions/scenarios

Evaluate the alternatives

Decide on the most promising alternative

Take action

3. Related uses--

Problem resolution in interpersonal relations

Strategic planning for the future

4. Group exercise--

Individual participants will make a confidential list of 10 things they like to do in their free time. They will analyze their list (cost, personal involvement, planning requirements, new interest, last event), determine the three most important items, and volunteers will share their top three items with the rest of the class.

5. Problem-solving--

Knowledge

Creativity

Patience

Determination

Self-confidence

Resources

Nine dots puzzle

o o o

o o o

o o o

Cover all nine dots with four straight lines without retracing or picking up your pencil.

6. Factors to be considered when deciding to use controlled substances--

Concern about health

Concern about injuring others

Leading to heavier use or addiction

Interfering with school/plans/job

Against established values/beliefs

Acting foolish in front of others

Costs of alcohol or drugs

Disapproval by family/friends

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Assessment
4. Group process

Handouts. None planned for this unit.

Unit 8

This seminar will include the counseling or helping skills needed to approach a student group for a presentation, interview a peer who is seeking assistance, share information when detecting a teachable moment, and refer students for treatment. This session will be interactive, utilizing role playing and a video to demonstrate practical applications of the theory and concepts presented. It is important that peer educators start to feel comfortable about listening to others. The time frame for this unit should be approximately two hours.

Objectives. Participants will be able to use information from this seminar to

1. identify the role and functions of a helping professional;
2. determine the difference between advising and counseling and when to refer a student for professional help;
3. build on knowledge of how to listen to others who have questions, need help, or need referral;
4. begin movement toward becoming a helping professional; and

5. visualize a philosophical stance that is congruent with counseling techniques.

Outline. The following subjects will be covered in this unit:

1. Introduction to the helping professions--
   - Counseling process
   - Crisis intervention
   - Change-agent role
   - Medical model vs. Client-Centered model
   - Advising vs. Counseling
2. Counseling theories--
   - Psychoanalytical
   - Existentialist
   - Humanistic
   - Rational-emotive
   - Gestalt
   - Reality
   - Behavioral
   - Brief therapy
3. Counseling skills--
   - Open-mindedness
   - Communication
   - Genuineness
   - Positive regard
   - Security
   - Reality
   - Sensitivity
   - Empathy
   - Nondominance
   - Objectivity
   - Trust
   - Confrontation

   Video--"Intervention: How to Help Somebody"

4. Communication skills--

Active listening	Reflection
Clarification	Parroting
Alternatives	Probing
Questioning	Silence

5. Counseling interview--

Problem-solving	Rapport
Communication	Referral

6. Role playing--

A demonstration will be presented to the peer educator group. One student is asked to volunteer for a one-to-one interview with the facilitator. The student will be asked to present a current problem. Counseling and communication will be demonstrated. Discussion of processes and observations should follow example.

7. Group exercise--

Peers will be asked to form dyads, where upon each will take a turn interviewing the other in a role playing situation. Several situations should be written on a chalkboard or transparency to give students ideas for

role playing (i.e., a student who has been using cocaine, a student who was charged with a DWI/DUI). Emphasis should be on improving skills. Discussion should follow the practice session.

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Group exercise
4. Video presentation
5. Role playing

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Workbook:

1. Art of Helping (Carkhoff, 1993)
2. Theories of Counseling (see Appendix W)

Unit 9

This seminar will include information on diversity and the concept of individual/group differences. Sensitivity and respect for varying philosophical, religious, cultural, ethnic, and physical diversities will be explored. Primary emphasis will be directed toward diversity issues related to gender, ethnicity, and disability. A link between diversity and specific alcohol and other drug abuse will be considered. The time frame for this unit should be approximately one hour.

Objectives. Participants will be able to

1. identify some of the strengths in society that are generated through diversity;
2. identify some of the diversity issues that are related to employment, politics, education, and social parity; and
3. gain knowledge of the Americans with Disabilities Act (ADA) of 1990, Title IX of the Education Amendments of 1972, and the Civil Rights Act of 1964.

Outline. The following subjects will be covered in this unit:

1. Terminology--

Diversity	Ethnicity
Prejudice	Civil rights
Disability	Gender
Discrimination	Nationality

2. Issues--

Employment	Language
Melting pot	Religion
Equity	"Glass Ceiling"

Video--"A Tale of O"

3. Discussion--

Participants will be asked to respond to the following questions:

Did the video make you think about a time when you were on "O"?

What made the "O" uncomfortable?

What experiences have you encountered with discrimination?

What are some ways we can limit discrimination?

What have been some current incidents in regards to diversity?

How does diversity make a group stronger?

4. Legal aspects--

   Americans with Disabilities Act

   Title IX (Educational Amendments)

   Civil Rights Act

   Equal Employment Opportunity

Activities. The following activities will be utilized in this unit:

1. Lecture
2. Discussion
3. Group process
4. Video presentation

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Workbook:

1. Our Strength is in Our Diversity (Mendiola, 1994)
2. Danger Signals for Women Drinkers (see Appendix X)
3. How to Talk to an "Able-Bodied" Person (see Appendix Y)

Unit 10

This seminar is provided to acquaint peer educators with the brochures, books, videos, and other resources available for use at San Antonio College. The connection between successful presentations and the utilization of resources and visual supports will be discussed. Peer educators need to be knowledgeable of the resources available for students on alcohol and other drug abuse, HIV/AIDS, 12-step groups, and various other addictions. The time frame for this unit should be approximately one hour.

Objectives. Participants will be able to

1. recommend pertinent resources to students at San Antonio College,
2. gain knowledge of videos and printed materials available on-campus, and
3. plan the utilization of resource material into future presentations.

Outline. The following subjects will be covered in this unit:

1. Application--

   Using materials in presentations

   Combining video and discussion

Brochures as a prelude to referral

Education using visual information

2. Film library--

   Student Employee Assistance Program (SEAP)

   Learning Resource Center (LRC)

3. Resource example--

   Video--"The Choice is Yours"

4. Self-help and alcohol/drug related books--

   Institution-Wide Drug Prevention Program

   SEAP

   LRC

5. Sources of materials--

   Commercial purchase

   Educational Resources Information Center

   U.S. Department of Education

      Office of Educational Research

      Center for Substance Abuse

   U.S. Department of Health and Health Services

      Office for Substance Abuse Prevention

6. Tour of SEAP and LRC--

   Self-guided tour by arrangement

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Video presentation
4. Reading (handouts)
5. Tour

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Workbook:

1. From Your SAC Assistance Program (see Appendix Z)
2. Self-Help Books (see Appendix AA)
3. SEAP Book List (see Appendix BB)

Unit 11

This seminar will include an overview of the concepts of leadership training and characteristics of leaders. There will be an assessment of each peer educator in regards to self-concept and personality type. It will be emphasized that peer educators are leaders on their campus, and as such, they should have some insight into themselves. The time frame for this unit should be approximately one hour.

Objectives. Peer educators will gain information on the following items:

1. the traits and characteristics of leadership,
2. the difference between transactional and transformational leadership,
3. the identification of personality types, and
4. different styles of leadership.

Outline. The following subjects will be covered in this unit:

1. Characteristics of successful leaders--

Over-achieving	Highly intelligent
Emotionally stable	Honest and dedicated

2. Traits of leadership--

Interpersonal relations	Risk-taker
Authority	Honesty
Team builder	Communication
Problem-solver	Creativity
Quality oriented	Humor
Self-confidence	Motivation
Worldmindedness	Vision
Energy	Trust

3. Leadership style--

   Transactional

   Transformational

4. Assessment--

   Keirsey Temperament Sorter

      Administer

      Score

      Discuss

5. Discussion--

   What leadership opportunities are available in a college setting?

   What roles can future leaders start with in the community?

   Who are some good examples of leaders today?

Activities. The following activities will be utilized in the unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Group process
4. Assessment
5. Reading (handout)

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Workbook:

1. Keirsey Temperament Sorter (Keirsey, 1988)
2. Leadership (see Appendix CC)

Unit 12

This seminar will include an introduction to 12-step groups, treatment methods used with addictions and related problems, and community resources in the greater San Antonio area. Particular attention will be given to the process of making a referral to a local hospital or agency. The time frame for this unit should be approximately one hour.

Objectives. The following objectives will allow the participants to

1. identify the various types of 12-step groups available,
2. gain knowledge of the different kinds of treatment used in residential and out-patient care, and
3. gain knowledge of the community resources available for referral of alcohol and other drug abuse.

Outline. The following subjects will be covered in this unit:

1. Introduction to 12-step groups--
   Alcoholics Anonymous
   Narcotics Anonymous

Cocaine Anonymous

Adult Children Anonymous

Families Anonymous

Al-Anon

2. Treatment methodologies for alcohol and other drug abuse problems and addictions--

Residential

Detoxification

Medications (i.e., methadone)

12-30 day in-patient care

"Group"

Out-patient

Therapy

Medical prescriptions

Support groups

Screening and urine testing

3. Community resources--

Review of hospitals and clinics

Review of agencies

Review of government facilities

Review of 12-step group locations

Review of specialized health care

4. Sources of information--

Community Assistance Directory (1992)

Bexar County Substance Abuse Resources Directory (1993)

Activities. The following activities will be utilized in this unit:

1. Lecture
2. Discussion
3. Reading (handouts)

Handouts. The following handouts will be distributed, or referred to from the Peer Educator Workbook:

1. 12 Step Success Program (see Appendix DD)
2. Bexar County Substance Abuse Resources Directory (1993)
3. The 12 Steps to Happiness (Klaas, 1990)

Unit 13

This seminar will investigate the ingredients in making a presentation. Communication skills, preparation, presenting skills, and evaluation will be the major thrust of this unit. Students will be given some time during this seminar to discuss in groups, or with the facilitator, their presentation plan for the final session. An example of a presentation will be utilized to convey the expectations for the next meeting. The time frame for this unit should be approximately two hours.

Objectives. Participants will be able to

1. identify the main components of a presentation;
2. gain knowledge of the preparation, presentation style, and evaluation needed for peer educators; and
3. better utilize speech making skills to draw an audience into the presentation.

Outline. The following subjects will be covered in this unit:

1. Speech planning--

Topics Purpose

Research preparation — Content

Visual supports — Resources

Delivery — Evaluation

Audience interest — Equipment

Presentation closure

Video--"Speech Making"

2. Presentation styles--

Informative

Lecture

Panel

Video

Testimonial

Discussion

Group exercise

Games/activities

Theater/drama

Others

3. Evaluation--

Observation

Prepared form

4. Presentation example by facilitator--

Describe the problem

Abuse of alcohol by college students

Consequences of abuse

Statistical data on abuse

Video--"Expert Witness"

Discussion groups

The class will be divided into four groups to discuss the following questions:

How were the characters in this video affected by alcohol?

Each character in the video remained anonymous, why?

Has impaired driving affected you?

How has alcohol abuse affected your life?

The groups will share the responses to these questions with the rest of the class.

5. Discussion--

Topics for mock peer presentations

Special problems in preparing

Equipment needs in the classroom

Visual supports for presentations

Activities. The following activities will be utilized in this unit:

1. Lecture (with overhead transparencies)
2. Discussion
3. Group process
4. Video presentations
5. Reading (handouts)

Handouts. The following handouts will be distributed or referred to from the Peer Educator Workbook:

1. Communication and Presentation (see Appendix EE)
2. Outline of a Sample Presentation (see Appendix FF)

Unit 14

This seminar will be the last unit of the **Peer Educator Training Program** and will allow peer participants to give mock presentations on an issue related to alcohol and other drug abuse. Peer presentations are scheduled to be 20-30 minutes long and include all of the elements that a classroom presentation would include at San Antonio College. Peer educators have been encouraged to form dyads for this exercise, but those choosing to give individual presentations may do so if time is scheduled. Evaluation of Presentation (see Appendix D) forms will be utilized with each mock presentation to give feedback to the presenters.

The last portion of this training session will be dedicated to presenting certificates, conducting a posttest, and having peer educators complete an evaluation of the training program. Final questions and comments will be requested at the end of the unit. The time frame for this unit should be approximately four hours.

Objectives. The following are unit objectives that will be used to conclude the training program:

1. peer educators will be able to experience a mock presentation and receive feedback to assist them in future presentations;
2. participants will be able to identify the strengths and weaknesses of other mock peer presentations; and
3. participants will evaluate the training program and comment on the content, activities, and handouts used in the program.

Outline. The following outline will be used for this unit:

1. Introduction--
   - Present ground rules for mock presentations
   - Hand out Presentation of Evaluation forms
   - Select order of presentations randomly
2. Mock peer presentations--
   - Make presentations by pre-selected order
   - Request questions/discussion from audience
   - Pick up evaluation forms and hand to presenter(s)
   - Repeat process for each presentation

3. Posttest (see Appendix GG)

4. Evaluation of training--

   Form (see Appendix C)

   Discussion

5. Certificates--

   Peer educators who have met the minimum requirements for this training program will receive a certificate of completion (see Appendix HH)

6. Final questions and comments--

   Open floor

   Thank facilitators and peer participants

Activities. The following activities will be utilized in this unit:

1. Lecture
2. Discussion
3. Assessment
4. Reading (handouts)
5. Presentations

Handouts. The following handouts will be used:

1. Posttest
2. Peer Educator Training Program Evaluation
3. Presentation of Evaluation

APPENDIXES

Appendix a

Strategic Plan

PEER EDUCATORS--SAN ANTONIO COLLEGE

Strategic Plan

Strategic Planning Committee Formed
- *Faculty, Administrators, Students*

Rationale
- *Cost effective--volunteer program*
- *Student responsiveness*
- *Flexible scheduling*
- *Role-modeling value*
- *Community service*
- *Risky behavior reduction*

Focus
- *Alcohol and other drugs*

Messages
- *Accurate information on abuse*
- *Consequences of abuse*
- *Reasonable use of alcohol and non-use of drugs*

Change Campus Culture
- *Destroy myths of use*
- *Reinforce the critical mass of non-abusers*

Recruitment
- *Advertising*
- *Screening*
- *Additional Factors*
- *Selection Process*

PEER EDUCATORS--SAN ANTONIO COLLEGE

Recruitment

Advertising
- *Posters, flyers*
- *Ranger articles (college newspaper)*
- *KSYM announcements (college radio station)*
- *Student leader presentations (Pathfinders, Student Representatives, Clubs)*
- *Class presentations (Mental Health Technology, Speech, Psychology, so on)*

Screening
- *Application process*
- *Reference checks*
- *Interviews*
- *Grade point average*
- *1st year students*
- *Presentation skills*

Additional Factors
- *Diverse group*
- *Sensitivity*
- *Target group impact*
- *Special talents*
- *Scheduling ability*

Selection Process
- *Feedback from peer interviewers*
- *Letters of acceptance*
- *Orientation for candidates*

Appendix b

Application for Peer Educator Program

APPLICATION FOR PEER EDUCATOR PROGRAM
SAN ANTONIO COLLEGE
FIPSE: INSTITUTION-WIDE DRUG PREVENTION PROGRAM

Please complete the application form and return to AC 217.

Date_____ SSN_____

Name_____

Address_____
street city zip

Telephone_____

Semester you plan to enroll in the Peer Educator Program

___Fall ___Spring 19__Year

Major or Area of Study_____

Anticipated Graduation Date_____

List below all colleges and/or vocational schools you have attended

_____
_____
_____

Have you had previous experience in human services? Describe.

_____
_____
_____

Please list two references (teachers, counselors, supervisors, staff; one can be a student reference).

_____
_____
_____

Appendix c

Interview Questions for Peer Educators

Interview For Peer Educators

1) Why do you want to be a Peer Educator?

2) What other experiences do you have in human services? What was your role in the project?

3) Have you had experience dealing with persons who may have experienced problems with drug or alcohol abuse in the past?

4) How do you feel the topic of Alcohol and Drug abuse should be presented? What would be an example of your approach to the subject?

* Give following examples if needed: Educational Approach, Dramatic approach, Religious Approach etc.

5) How do you perceive the following: your ability to deal with stress, your decision-making techniques, development of self concept, self values, and assertiveness qualities?

6) Have you had experience making presentations?

7) How do you feel about working with people of a different sex, ethnic group, and those with disabilities?

8) Would you be able to set time aside for a Peer Educator training program?

9) Can you tell us a little about yourself?

10) What do you feel that you can bring to the Peer Educator program?

11) Can you give your position on the topics of Social Drinking and Binge Drinking?

12) Do you have any questions about the Peer Educators?

Appendix d

Peer Educator Training Program Evaluation

PEER EDUCATOR TRAINING PROGRAM EVALUATION

You have completed the FIPSE: Institution-Wide Drug Prevention Program Peer Educator Training at San Antonio College and are prepared to assist in making presentations on alcohol- and drug-related topics. Part of the process of improving this program is receiving your evaluative feedback on the outline, materials, speakers, topics, and processes that made up this training program. Please take a moment to complete this form, indicating the responses that best fit your answers. This is confidential, so please do not indicate who you are on the form.

How would you rate:	LOW	1	2	3	4	5	HIGH
1. The introduction (survey, pretest)		1	2	3	4	5	
2. Effects of alcohol and drugs		1	2	3	4	5	
3. Advertising Campaign/Peers		1	2	3	4	5	
4. Addictions, Behaviors, Abuse		1	2	3	4	5	
5. Stress Management		1	2	3	4	5	
6. Related Concerns (HIV, Family)		1	2	3	4	5	
7. Decision-Making		1	2	3	4	5	
8. Counseling Skills		1	2	3	4	5	
9. Diversity-Sensitivity		1	2	3	4	5	
10. Resource Materials		1	2	3	4	5	
11. Leadership		1	2	3	4	5	
12. Community Resources (12-step, treatment)		1	2	3	4	5	
13. Communication video		1	2	3	4	5	
14. Presentation Skills		1	2	3	4	5	
15. Participant Presentations		1	2	3	4	5	
16. Overall		1	2	3	4	5	

Your comments are solicited:

_____

_____

(you can use the back for further comments)

Appendix e

Evaluation of Presentation

Evaluation of Presentation

Please assist the project by completing this evaluation. The information will be used to improve or validate the program. It will take approximately one minute to complete.

Please share your opinion on the following by placing an (X) in the appropriate box.

	Excellent	Good	O.K.	Fair	Poor
Useful Information					
Knowledge of Topic					
Presentation approach					
Overall Presentation					

Comments:_____

_____

Please use back if necessary

Appendix f
Pretest for Peer Educators

PEER EDUCATOR TRAINING PROGRAM

PRETEST ON ALCOHOL AND OTHER DRUG KNOWLEDGE

True or False

_ 1. Alcohol is usually classified as a stimulant.

_ 2. Consuming milk before drinking alcoholic will slow down the absorption of alcohol.

_ 3. "Horse" is a street name for hashish.

_ 4. "Designer drugs" are look-alike prescription drugs that were first used by people in the clothing industry in New York City.

_ 5. Approximately 50% of all fatal auto accidents are related to alcohol and other drugs.

_ 6. A person cannot become an alcoholic by just drinking beer.

_ 7. Moderate consumption of alcoholic beverages is generally not harmful to the body.

_ 8. Crack cocaine is very addictive (in part) because it is absorbed into the pleasure centers of the brain.

_ 9. Drinking coffee or taking a cold shower can be an effective way of sobering up.

_ 10. Liquor mixed with soda (Coke, 7-Up, etc.) will affect you faster than liquor drunk straight.

_ 11. Drinking of alcoholic beverages has been common in the U.S.A. since the Puritans.

_ 12. Hair sprays, insecticides, correction fluid, and freon are regularly abused as inhalants.

_ 13. HIV/AIDS is closely linked to drugs and alcohol.

_ 14. Tolerance is the ability to endure drugs at a higher rate without undue psychological or physiological harm.

_ 15. About 90% of the students at San Antonio College drink on a regular basis, according to a recent survey of student attitudes.

Source: Noah, 1988.

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Appendix g

San Antonio College Drug-Free Schools Policy

San Antonio College | Class Schedule | Fall 1994

DRUG-FREE SCHOOLS AND COMMUNITIES ACT AMENDMENTS OF 1989

In accordance with the Drug-Free Schools and Communities Act Amendments of 1989, the ACCD has adopted and implemented a program to prevent the unlawful possession, use or distribution of illicit drugs or as part of any of its activities. The ACCD recognizes the importance of awareness about alcohol and other drug abuse. Therefore, for the benefit of each student and employee, the following are the standards of conduct and legal and disciplinary sanctions for unlawful possession or distribution of illicit drugs and alcohol abuse.

Legal Sanctions

Students or employees found violating any local, state or federal law regarding the use, possession or distribution of alcohol or other drugs (as defined by the Texas Health and Safety Code, Subtitle C. Substance Abuse Regulations and Crimes) will receive the full legal penalty in addition to any appropriate ACCD disciplinary action. Information about the District disciplinary process is available in the ACCD Administrative Policy Manual. The most common legal violations and their consequences are as follows:

Alcohol	Penalty	Fine
Minor in Possession (Sec. 106.05)	Class C Misdemeanor Class B Misdemeanor	Up to $200 fine Up to $1,000 fine and up to 6 months jail
Contributing to the Delinquency of a Minor (Sec. 106.06)	Same as above	Same as above
Public Intoxication (Sec. 42.08)	Class C Misdemeanor	Up to $200 fine
Other Drugs		
Drug Possession	Varied according to classification of drug on schedules and amount in possession	Up to $50,000 fine and 6-99 years in jail

Penalties for drug possession are governed by Texas Health and Safety Code, Subtitle C. Specific penalties may vary depending on the type of drug and amount.

Disciplinary Sanctions

All students and employees are expected and required to obey the law, to comply with the institutional rules and with directives issued by an administrative official. Students are expected also to observe standards of conduct appropriate for an academic institution.

Any student who engages in conduct prohibited by ACCD rules or by federal, state or local law is subject to discipline whether such conduct takes place on or off campus or whether civil or criminal penalties also are imposed for such conduct.

After due process, any student or employee guilty of illegal use, possession and/or sale of a drug or narcotic on the campus of a component institution is subject to discipline, up to and including termination for employees. If, after due process, a student or employee is guilty of illegal use, possession and/or sale of a drug or narcotic on campus, the minimum penalty shall be suspension from the institution for a specific period and/or suspension of rights and privileges.

A student is subject to discipline for prohibited conduct that occurs while participating in off-campus activities sponsored by a component institution including field trips, internships, rotations or clinical assignments.

A student who receives suspension as a disciplinary measure is subject to further disciplinary action for prohibited conduct that takes place on campus during the period of suspension.

Health Risks

Drug and alcohol use, misuse and abuse are complex behaviors with many detriments at both the cultural and the individual levels. Awareness of the deleterious effects of any drug/alcohol is imperative for an individual's well being or survival.

NEGATIVE CONSEQUENCES MAY BE EXHIBITED THROUGH:

Physical dependence (the body's learned requirement of a drug for functioning).

Abuse of alcohol or any other drug, whether licit or illicit, may result in marginal to marked and temporary to permanent physical and/or psychological damage, even death. Since many illicit drugs are manufactured and sold illegally, their content varies and many contain especially harmful ingredients or amounts.

Psychological dependence (the experiencing of persistent craving for the drug and/or a feeling that alcohol or other drugs is a requirement for functioning).

Despite the type of drug or alcohol used, a perceived need for the continued use is likely to follow, resulting in dependence.

Dependence on alcohol and/or other drugs alters the user's psychological functioning. The acquisition of these substances becomes the primary focus of the drug-dependent individual and often results in reduced job performance, and jeopardizes family and other interpersonal relationships. Criminal behavior is frequently the means for financing a drug habit. Behavior patterns often include violence and assault as the individual becomes increasingly drug/alcohol dependent. Social and psychological alienation and medical problems increase as the abuser becomes entrapped in drug/alcohol dependence.

Drug and alcohol abuse counseling and referral are available to employees, students and their families.

A biennial review of this program will be conducted by ACCD and Student/Employee Assistance Program (SEAP) committee members to determine its effectiveness, to implement changes to the program if they are needed and to ensure that its disciplinary sanctions are consistently enforced.

Confidential assistance is available in Room 217 of the Academic Center, 733-2175.

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Appendix h

Results of CORE Survey

RESULTS OF THE CORE ALCOHOL AND DRUG SURVEY

SAN ANTONIO COLLEGE

Key findings on use of alcohol--

66% students drink alcohol (used in past 30 days)
39% "binge drink" (had five or more drinks at one sitting in past two weeks)
66% students who drink are underage (used in past 30 days)

Key findings on use of other drugs--

26% used marijuana in past year
15% are current marijuana users (used in past 30 days)
7% have used an illegal drug other than marijuana in past 30 days

Key findings in consequences of users in past year--

48% report some type of misconduct (i.e., fighting, DWI, taken advantage of sexually, trouble with police)
37% report personal problems related to use (i.e., injured, missed classes, performed poorly on tests or important project, tried to stop unsuccessfully)

Other findings based on opinion:

20% report that they do not know if San Antonio College has an alcohol and drug policy
65% report that they do not know if San Antonio College has an alcohol and drug program
24% report that they do not know if San Antonio College is concerned about prevention
90% report that they believe that other students use alcohol once a week or more
54% report that they believe that other students use illegal drugs once a week or more

The following drugs are used by San Antonio College students at a significantly higher rate than the national community college norm (5% level of significance):

Alcohol
Marijuana
Hallucinogens
Designer Drugs
Tobacco
["Binge drinking"--San Antonio College 39% vs. Norm 31%]

The following areas are significantly higher for San Antonio College students than the national norm (5% level of significance):

Driven car under the influence
Performed poorly on a test
Missed a class
Had a hangover
[8% report being taken advantage of sexually while under the influence--no national norm because question was revised]

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Appendix i

Peer Education Training Schedule

PEER EDUCATION TRAINING PROGRAM SCHEDULE
FALL 1994
SAN ANTONIO COLLEGE

3:00-5:00pm--all sessions

November 7 Monday	2HRS	Introductions, Problems with Abuse, Policies, Survey Results, Pretest
	Presenter:	Thomas Hoy, LCDC
November 9 Wednesday	1HR	Role of Peers, Reasons to be Drug-Free, Ads Campaign, Health Model
	Presenter:	Thomas Hoy, LCDC
	1HR	Topology/Effects of Drugs and Alcohol
	Presenter:	Robert Rodriquez; Thomas Hoy, LCDC
November 14 Monday	1HR	Drug and Alcohol Abuse, Detecting Use, and Behaviors/Abuse
	Presenter:	Roberto Flores, LCDC
	1HR	Stress Management
	Presenter:	Thomas Hoy, LCDC
November 16 Wednesday	1HR	Related Alcohol/Drug Concerns--HIV, Rape, Sex, Family, Others
	Presenter:	Roberto Flores, LCDC
	1HR	Decision-Making
	Presenter:	Thomas Hoy, LCDC
November 21 Monday	2HRS	Counseling/Helping Skills
	Presenter:	Roberto Flores, LCDC
November 23 Wednesday	1HR	Diversity-Sensitivity: Gender, Ethnicity, Disability
	Presenter:	Enna Mendiola, MSW
	1HR	Drug/Alcohol Resource Material On Campus
	Presenter:	Roberto Flores, LCDC; Thomas Hoy, LCDC

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SCHEDULE CON'T p. 2

November 28 Monday	1HR	Leadership, Self Assessment, Self-Concept
	Presenter:	Thomas Hoy, LCDC
	1HR	12-Step Groups, Community Resources, Treatment Methods
	Presenter:	Hugo Sosa, LCDC
November 30 Wednesday	2HRS	Communication, Presentation Skills, Group Process
	Presenter:	Thomas Hoy, LCDC
December 5 Monday	2HRS	Mock Class/Presentations, Group Exercises
	Presenter:	Thomas Hoy, LCDC; Peer Educators
December 7 Wednesday	2HRS	Mock Class/Presentations, Group Exercises, Evaluation, Posttest
	Presenter:	Thomas Hoy, LCDC; Peer Educators

Appendix j

Information on Alcohol/Drugs

INFORMATION ON ALCOHOL/DRUGS

PEER EDUCATORS--SAN ANTONIO COLLEGE

Alcohol accounts for approximately:

70% of all child sexual abuse cases
50% of all rapes
50% of all homicides
50% of all fatal car crashes
85% of fire deaths
25% of suicides
40% of family court cases

Sources:
Harding & Connor, 1989
Kinney, 1991
Beebe, 1992
"Student drinking," 1994

College alcohol use accounts for approximately:

95% of all violent crimes
90% of campus rapes
53% of all injuries
41% of all academic problems
30% of missed classes
28% of all drop-outs

Alcohol and drugs account for a $60 billion a year loss to industry.

College students spend more on alcohol in the U.S. than on all textbooks and library books per year (est. at $4.2 billion).

There are estimated to be 10 million alcoholics in the U.S.

45-60 million Americans have used marijuana.

25 million Americans (est.) have used cocaine.

90% of college students report using alcohol in past year.

Alcohol and other drug related accidents are the leading cause of death for college age students.

Appendix k

Peer Educator Job Description

SAN ANTONIO COLLEGE (SAC)

INSTITUTION-WIDE DRUG PREVENTION PROGRAM

PEER EDUCATOR JOB DESCRIPTION

1. Provide proactive presentations regarding issues related to alcohol and other drugs to the campus community and the surrounding areas as assigned by the Peer Educator Coordinator.

2. Assist with the development and implementation of substance abuse prevention programs.

3. Develop a broad base of knowledge regarding the physiological effects of alcohol and other drugs, consequences to the community, resources for referral, and school policies at SAC.

4. Be familiar with the signs, signals, and indications of substance abuse.

5. Develop the ability to speak in front of audiences and facilitate discussions.

6. Regularly attend scheduled training sessions, meetings, and appointments.

7. Further develop a positive image on campus as a role model.

8. Refer difficult problems related to alcohol and other drug abuse to the Student Employee Assistance Program Counselor/ Coordinator.

9. Perform any other assignments requested by the Director of Counseling and Services for Special Populations and/or the Peer Educator Coordinator.

SUPERVISOR: Peer Educator Coordinator

Appendix 1

10 Deceptive Advertising Tactics

10 DECEPTIVE ADVERTISING TACTICS

Advertisers want people to believe that their product should be purchased. However, they often use tactics in advertising that imply that the consumer will get the same service, pleasure, or benefit that is seen in the advertisement. The following are 10 deceptive tactics often seen in advertising:

1. "It's a party"– the message is, you can not have a good time unless you are using our product.

2. Status– conveys that if you only do what the advertising does, you will become successful.

3. Confidence– displays people in the advertising that are strong, self-confident figures, giving the message that a particular product will make the consumer look the same way.

4. Sex– suggests that if you use a certain product you will find romance or have sex appeal.

5. Exaggeration– overstates in flamboyant language the benefits of a particular product.

6. Bandwagon– everyone is doing it, or so it seems.

7. Put Down– distorting the competitor's product to make the advertised product look better.

8. Testimonial– uses a famous athlete, actor/actress, CEO, etc., to support a product and make it appear endorsed.

9. Intimidation– suggests that not using a product will bring harm, negative experiences, or make one look foolish.

10. Statistics– uses biased facts and statistics to imply that one product is better or has more value than another.

Source: Valencia Community College, 1992

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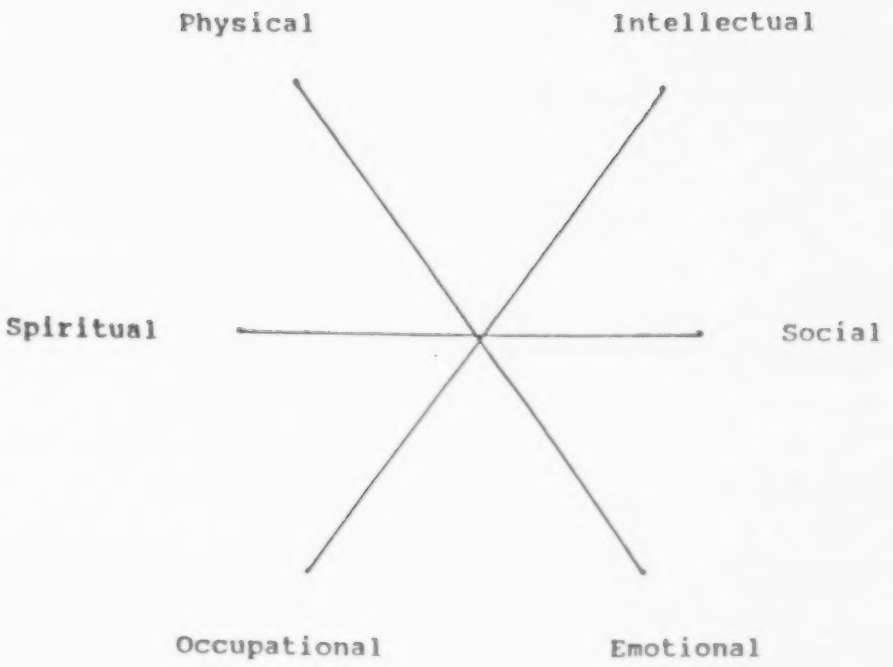
Appendix m

Wellness Model

WELLNESS MODEL



Summary of Drug Effects

Source: Stacy, 1991.

Name	Slang	Origin or Chemical Base	Effect
Depressants			
Alcohol (most abused drug)	Booze, juice	Ethyl Alcohol	Reduced coordination, impaired vision/judgement, lower inhibitions, depressed central reflexes, hangover
Tranquilizers/Barbiturates (most commonly abused prescription drug)	Downers, barbs	Synthetically produced (valium, etc.)	Intoxication, lower inhibitions, slurred speech, impaired judgement/perception, reduced coordination
Hallucinogens			
Marijuana	Joint, hash, weed, grass,	Cannabis Sativa (hemp plant—over 460 different chemicals	Impaired sensory perception, increased sense of well-being, inability to concentrate, increase blood pressure, reduced coordination, hallucinations
LSD	Acid, blue heaven	Lysergic Acid Diethylamide	Sense of detachment, delusions, numbness, distortion of reality, hallucinations
Peyote	Cactus, buttons	Organic or synthetic mescaline	Sense of detachment, delusions, numbness, distortion of reality, hallucinations
Psilocybe Mushroom	Mushroom	Psilocybin	Sense of detachment, delusions, numbness, distortion of reality, hallucinations
PCP	Angel Dust	Phencyclidine	Sense of detachment, delusions, numbness, distortion of reality, hallucinations, increases physical strength, agression, tolerance to pain, disorientation
Stimulants			
Cocaine (most potent stimulant)	coke, blow, crack	Coca bush leaves	Stimulates nervous system, pleasurable sensations, momentary effects, accelerated pulse and blood pressure, impairs abilities, heavy addiction.
Amphetamines	speed, meth, uppers, crank	Synthetically produced (dexedrine, ritalin, etc.)	Restlessness, feeling of energy, loss of appetite, anxiety, increased heart/respiratory rate/blood pressure, difficulty thinking/focusing, intense emotions
Narcotics			
Opiates (heroin, codeine, morphine, synthetics)	Horse, Smack, H, M, Dope	Poppy plant or synthetic (darvon, demerol, etc.)	Momentary euphoria, impaired abilities, drowsiness, relief of pain, heavy addiction, decreased physical activity
Designer and Look-Alikes			
MDMA	Ecstasy	Methylenedioxy Methamphetamine (hallucinogenic and stimulant)	same as hallucinogens
Caffeine or ephedrine (looks like street drugs)	Mimics	high doses of caffeine, ephedrine, aspirin, or "something"	loss of coordination, confusion, nerve injury, weakness, or liver/kidney disorders
Analogs (made by amateur chemists)	designer drugs	combinations of chemicals (i.e., drugs similar to methamphetamine)	depression, chills, hallucinations, impaired perception/vision, or nausea

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Appendix o

Fact Sheet on Alcohol-Impaired Driving

FACT SHEET ON ALCOHOL-IMPAIRED DRIVING

- With an estimated 2,000,000 drivers arrested each year for driving under the influence of alcohol, drunk driving continues to be one of the Nation's most serious public health and safety problems.
- Last year nearly 24,000 people lost their lives in alcohol-related traffic crashes. This is an average of one alcohol-related fatality every 22 minutes.
- Each year an additional 534,000 people suffer injuries in alcohol-related crashes, an average of one every minute. About 40,000 of these injuries are serious.
- About two in every five Americans will be involved in an alcohol-related crash at some time in their lives.
- Traffic crashes are the greatest single cause of death for people between the ages of 5 and 34 years. More than half of these youthful fatalities are alcohol-related.
- About two-thirds of all people killed in alcohol-related crashes are drivers, pedestrians and bicyclists who have been drinking.
- There is evidence that Federal, State, local and private efforts to reduce drinking and driving have had an impact over the past few years. Nearly a third of all drivers involved in fatal crashes in the early 1980's were estimated to be drunk; the current estimate is about one-fourth.
- During the years when many States were raising the drinking age to 21 years, the proportion of intoxicated teenaged drivers involved in fatal crashes decreased substantially. The proportion was 28 percent in 1982 and 18 percent in 1988.

Reprinted by permission from the National Clearinghouse on Alcohol and Drug Information.

Appendix p

10 Signals of a Substance Abuse Problem

10 SIGNALS THAT YOUR TEENAGER MAY HAVE A SUBSTANCE ABUSE PROBLEM

ALARMING STATISTICS: A recent study by the National Institute on Drug Abuse revealed that 40 percent of all American high school seniors have used an illicit drug other than marijuana.

Most parents think they could spot the signs of drug or alcohol abuse in their teenagers. But that's often not the case. Many times, parents attribute changes in behavior or attitude as typical of the growing process and not as symptoms of a substance abuse problem.

10 WARNING SIGNALS: The ten symptoms of substance abuse described below are all signals that your teenager may have a problem. By familiarizing yourself with these signals, you, as a parent, can be better prepared to spot a problem with drug or alcohol abuse.

1. A sudden change in personality. Teenager suddenly becomes introverted or extroverted.
2. Changes in relationships with other members. Refusal to be involved in family activities.
3. A history of substance abuse in the family.
4. Being arrested or other trouble with law enforcement authorities.
5. Problems at school. Truancy or excessive absenteeism. A sudden drop in grades.
6. Dishonesty. Sneaking out of the house at night. Lying.
7. Changes in appetite, sleep habits or appearance.
8. Violent behavior, outbreaks of temper, or unusual rebelliousness.
9. Known drug use or drug problems in friends.
10. Finding drugs or drug paraphernalia around the house or in the clothing.

IGNORING A DRUG OR ALCOHOL PROBLEM WON'T MAKE IT GO AWAY.

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Appendix q

Signs and Symptoms of Adolescent Drug Use

SIGNS AND SYMPTOMS OF ADOLESCENT DRUG USE

The following objective signs, compiled by the National Federation of Parents for Drug-Free Youth, *may* indicate that a child you know has a problem. The signs are not conclusive:

Physical Signs

- Intoxicated behavior
- Bloodshot or red eyes; droopy eyelids
- Imprecise eye movement
- Abnormally pale complexion
- Change in speech and vocabulary patterns
- Persistent illness, sniffles or cough
- Change in sleep patterns
- Repressed physical development
- Sudden appetite, especially for sweets or other munchies
- Unexplained weight loss or loss of appetite
- Neglect of personal appearance or grooming

School Behavior Signs

- Decline in academic performance
- Reduced concentration and attention span
- Loss of motivation in school activities
- Frequent tardiness and absenteeism
- Sleeping in class
- Slow to respond, forgetful and apathetic
- Increased discipline/behavioral problems
- Associating with known drug-users

Behavioral Signs

- Unexplained depression or irritability
- Over-reaction to mild criticism or requests
- Withdrawal
- Less concern for the feelings of others
- Loss of interest in hobbies or sports
- Lack of energy and vitality
- Neglected responsibilities
- Need for instant gratification
- Changed values, ideals and beliefs
- Association with a different peer group

Physical Evidence

- Odor of marijuana (like burnt
- Incense or room deodorizers
- Traces of cigarettes, powders, seeds, leaf plants, mushrooms, unidentifiable caps
- Unusual equipment: pipes, pipe filters, strainers, cigarette rolling paper, roach clips, bongs glass or plastic water pipes, scales, testing kits or hemostats
- Normal household items in the bedroom, eyedroppers, mouthwash, small spoons, straws, razor blades or mirrors
- Unfamiliar small containers, locked boxes, stash cans, plastic baggies or glass vials
- Drug-related books, magazines or comics

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Appendix r

Signs of a Problem

SIGNS OF A PROBLEM

A DROP IN GRADES----This could be a slow decrease in the past six months to a year or a sudden decrease.

SWITCHING FRIENDS----Are you seeing a different set of friends around the house? More friends that you object to? Not meeting any new friends?

EMOTIONAL HIGHS AND LOWS----Easily upset, emotional state changes rapidly, doesn't seem as happy as he or he used to be.

DEFIANCE OF RULES AND REGULATIONS----Pushing limits around the house, not doing chores around the house.

BECOMING MORE SECRETIVE----Not sharing any or only sharing a few of personal problems.

LOSS OF INITIATIVE----Less energy, sleeping more than usual.

WITHDRAWING FROM FAMILY FUNCTIONS----Camping trips, church, meals.

CHANGE IN PHYSICAL HYGIENE----Becoming more sloppy, wearing same clothes frequently.

NOT INFORMING YOU OF SCHOOL ACTIVITIES----Open houses, times to meet teachers, suspensions, warnings.

MANY EXCUSES FOR STAYING OUT LATE----Not coming home on time, not coming home at all, constant excuses.

ISOLATION----Possibly spending a lot of time in his/her room.

SUSPICION OF MONEY OR ALCOHOL MISSING----From parents or brothers and sisters.

SELLING POSSESSIONS----Clothing, records, gifts; seems to have money but no job.

FEELING MANIPULATED AND BARGAINED WITH----Playing parents against each other.

WEIGHT CHANGES----Drastic loss or gain.

SHORT-TEMPERED----Becomes angry often, short fuse.

LEGAL PROBLEMS----Driving while intoxicated, curfew violations, being at parties that get broken up by police.

DEFENSIVE----When confronted on behavior or other concerns.

CALLS FROM SCHOOL----Reports of skipping classes, sleeping in class, poor work performance, not doing homework.

COMING HOME DRUNK OR HIGH----Smelling pot or alcohol, seems unusually giddy, slurred speech.

FINDING PARAPHERNALIA----Papers, pipes, clips drugs, bottles.

ABUSIVE BEHAVIOR----Verbally or physically abusive to any family member.

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Appendix s

A High Risk Profile for Drug and Alcohol Abuse

A HIGH RISK PROFILE FOR DRUG AND ALCOHOL ABUSE

1. The person has weak identification with viable role-models that are healthy and contributing members of society. They cannot easily identify the people or ideals that they respect or emulate, or they tend to identify with people or characters that have low moral development. These individuals also tend to be egocentric and selfish. They do not consider the consequences or the effects of their behavior upon others.

2. The person has low involvement with and low sense of responsibility for their family, school or society. The opposite may also be true in that they be overly involved with or responsible for their family, school or society.

3. The person has a strong faith in "miracle" solutions. They tell themselves such things as "It will never happen to me" or, "I'm not that bad yet." Attitudes favoring drug and alcohol abuse are evident, yet the denial of problems (or potential problems) related to such use or abuse is high.

4. The person possesses low personal awareness and inadequate intra-personal skills. They have low self-esteem and low self-respect. They have little awareness of their feelings, needs or desires. They handle stress poorly and have few coping skills for stress management (often drugs or alcohol are their main methods of coping with stress). They may be either over or under achievers.

5. The person has poor inter-personal skills. Their lives lack intimacy, and they have problems communicating with others. The have problems showing affection or expressing anger appropriately. They exhibit negative social attitudes and may be overly rebellious or withdrawn. Most of their relationships are in conflict, and, if they are teenagers, there is usually a heavy emphasis on the peer group or gang. If they are a new student at school, they are at special risk.

6. The person has inadequate organizational and systemic skills. The exhibit poor time management by being chronically late or absent, and they arrive at school or work without the proper materials. In general, they seem to have a hard time organizing their lives to work for them.

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7. The person has inadequate decision making skills. They may let others make decisions for them, or they may not consider the consequences of their decisions. They are often not aware of the many options available to them in any decision making situation or how to go about identifying these options.

8. The person is living in a home where a loved one is abusing drugs or alcohol (i.e. a parent, spouse, or older sibling). The person may feel alienated or overly involved with the chemically dependent family.

9. The person has few experiences of success and accomplishments. They lack self-confidence and do not have goals that are realistic or achievable. They may also have few or no close friends who might give them support or compliments for their achievements.

10. This person has a low reading ability.

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Appendix t

Tips for Reducing Stress

TIPS FOR REDUCING STRESS

1. Learn to plan ahead. Plan time schedules in advance and decide what is important and what you can eliminate. Plan around major life changes.

2. Examine your own attitudes. Ask yourself why you create extra pressure for yourself. Are you always in a hurry? Do you feel you are the last one to finish a project? Pick one area and work on improving your attitude about it.

3. Learn to play. When we were kids, we played, we had fun with a stick or doll, and we could enjoy ourselves. Sometimes we forget to have fun, to play and let our hair down (like we were kids again).

4. Get regular exercise. If your physician approves, an exercise program can reduce stress. Choose something you really like.

5. Use positive thinking. Turn negative thinking into positive. Use an escape fantasy or just remember that vacation, trip to the mountains, visit to the beach, so on.

6. Learn to say no. Be a little more assertive and say no when you really can not get involved in an activity. You can be pleasant and still refuse to commit yourself to a new task.

7. Use an alternative, drug-free activity. Activities such as yoga meditation, stretching, biofeedback, deep breathing, and relaxation exercises can help reduce feelings of stress.

8. Reduce caffeine, salt, and tobacco. Avoid food additives and smoking which will effect your ability to relax, slow down, or release fluids.

9. Get help. If you are experiencing a problem that just seems overwhelming, see a counselor, talk to a friend, or visit with a minister. They can help you sort things out and take some of the pressure off.

Source: Matheny and Riordan, 1992

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Appendix u

Common Misconceptions About Stress

COMMON MISCONCEPTIONS ABOUT STRESS

1. We always know when we are stress out. People get use to stress and often become unaware of it. Many people suffer disabling effects of stress but do not feel it or turn it into eustress. Stress effects all of us in different ways even when we are not anxious or depressed.

2. Only people in high stress jobs really should be concerned about stress. Many people stress from problems, depression, unfulfilled life experiences, or not doing what they want to do.

3. You must change your environment in order to reduce stress. Maybe changing your outlook will be helpful, but to escape by physically uprooting yourself and your family will only cause more stress. We become stressed because of our perceptions, not where or how we live our life.

4. Stress is only caused by things that happen to us. To paraphrase the philosopher Nietzsche, "What does not destroy me, makes me stronger." We can not live without stress, it is necessary for life. It involves our environment, thoughts, actions, emotions, and work.

5. Feelings can not be controlled. We can change our emotions if we change our behavior. When things look overwhelming, we can start by doing something small that gets the ball rolling, then plan in steps to get the project done. We can change our thinking.

Source: Matheny and Riordan, 1992

THE FAMILY ILLNESS

SURVIVAL ROLE	WHAT YOU SEE	WHAT THEY FEEL	WHAT THEY TRY TO BRING TO TROUBLED FAMILY	WHAT DEFENCES THEY USE	San Antonio Council on Alcoholism 1222 North Main, Suite 406 San Antonio, TX 78212 (512)225-4741 FUTURE: WITHOUT HELP	FUTURE: WITH HELP
CHIEF ENABLER	Physical Illness Hostility Super Responsible Martyr	Hurt Anger Guilt Low Self-worth	Responsibility	Deny the Problem Become super serious Crisis Inconsistency Self pity	Fears "going crazy" Cannot make decisions	Insides match outsides Capable of making decisions
HERO	Hard Worker High Achiever Very Responsible	Inadequacy Loneliness Guilt	Worth	Excells at school Struggles to succeed Does what's "right"	Marries dependent person Workaholic Prone to heart attack Responsible for "everything" Never wrong	Accepts failure Responsible only for self Good executive
SCAPEGOAT	Hostility Defiance Anger	Rejection Hurt Guilt	Distraction	Gets in trouble Breaks rules	Trouble in school Office Prison Youth cults Drugs	Accepts responsibility Good Counselor Sees reality Courageous
LOST CHILD	Super Independence Aloofness	Unimportant Loneliness	Relief	Withdraws Avoids stress	Often dies at early age Sexual identity problems Little zest for life	Talented Creative Imaginative
MASCOT	Immaturity Fragility Cuteness Clowning	Fear Anxiety Insecurity	Fun & Humor	Hyperactivity Clowning Distracting	Ulcers Compulsive clown Marries hero for care	Takes care of self Fun to be with Good sense of humor

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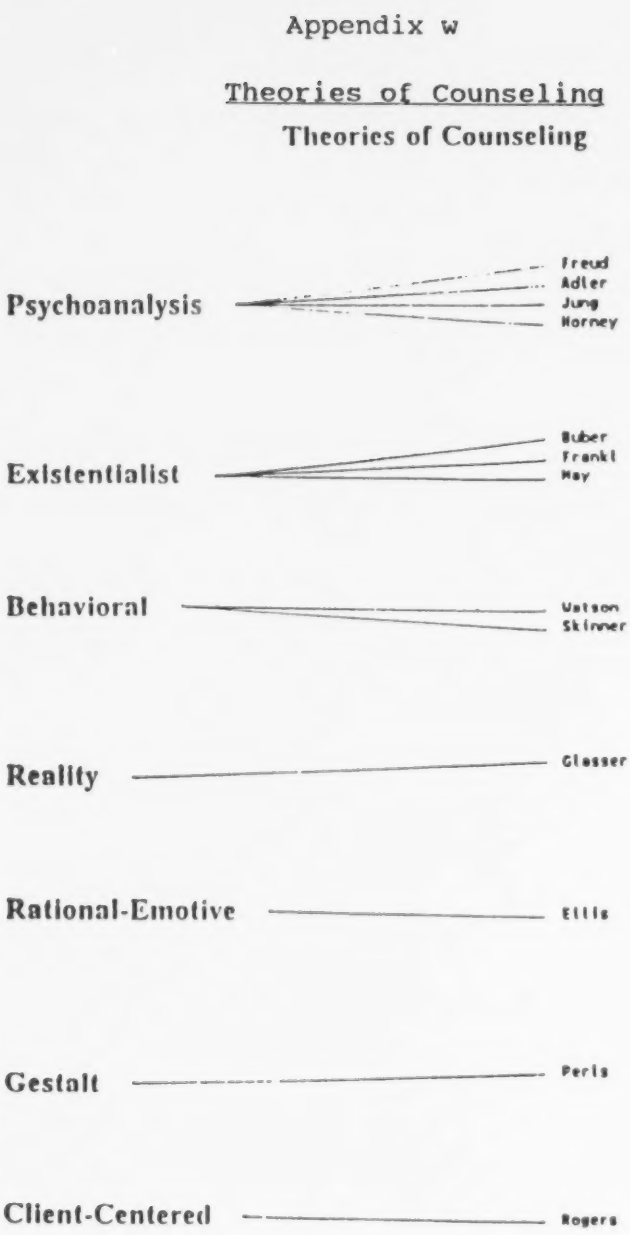
Appendix w

Theories of Counseling



Appendix x

Danger Signals for Women Drinkers

Danger Signals for Women Drinkers

From increasing dependence on alcohol to make the wheels go round, the woman alcoholic progresses to the specific symptoms of early alcoholism:

- *Gulping drinks.*
- *Making promises about drinking--not actually to anyone but herself. She may promise herself "to do better next time" or "to be more careful in the future" if her behavior causes any comment or worries her.*
- *Lying about her drinking--minimizing the number of drinks or concealing the fact that she had any drinks at all.*
- *Taking a drink before going to a party where there undoubtedly will be drinking, or before an appointment at which drinking would be quite in order.*
- *Feeling the necessity of having drinks at certain regular times--must have a cocktail or two before lunch, must have drinks at 5:30.*
- *Insisting on a certain span of time for drinks before dinner, regardless of any inconvenience to others.*
- *Insisting on drinks with any special event: going to the theater, to a concert, to a baseball or football game, or even a Sunday jaunt to the woods or the beach.*
- *Needing three or four drinks before she can entertain her husband's or her own boss at dinner, or introduce a speaker at the PTA, or meet a difficult client.*
- *Must have drinks for nerves because of a shattering day at the office or, if she is a housewife, a frantic day with the children "Nothing else will do it."*
- *Drinking when "blue"--to forget worries or problems for a while.*

WHAT SHOULD A WOMAN DO WHO KNOWS, OR SUSPECTS, SHE IS AN ALCOHOLIC? Get help. It is almost impossible to fight alcoholism alone. But expert help--plus acceptance of the fact that alcoholism is a disease and if a woman has it she must avoid liquor as the diabetic must avoid sugar--can restore her to a normal life.

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Appendix y

How to Talk to an "Able-Bodied" Person

HOW TO TALK TO AN "ABLE-BODIED" PERSON

A person is not necessarily of lower intelligence, just because they happen to be able-bodied. Nonetheless, many able-bodied people have difficulty with abstract theories and big words. It's kinder if you just don't say anything that might challenge their limitations. Suggested areas to avoid include: "civil rights," "barriers," "wheelchair sports," and "employment." The experience of many disabled persons suggests that most able-bodied have trouble grasping these concepts.

Able-bodied people often speak very loudly, for no apparent reason. It is very rude to say, "I can hear you just fine" or "I'm not hearing-impaired." Just put your hands over your ears until they go away.

Sometimes able-bodied people appear to have lower social skills. They say sudden inappropriate things like, "God loves you because you are special," "I gave to the ..... telethon," or "My sister was born with one arm." They may ask questions that reveal their less-developed empathy, such as "When are you going to be able to walk again?" Remember, they can not help being severely able-bodied, so it is your duty to be kind and help them stay on the subject.

Finally, many able-bodied persons can be rude and selfish, and insist that they do things for you. Because able-bodied persons have less social experience and lower social skills, they often make peremptory demands, such as "You can't do that" or "Let me get that for you!" These encounters are your opportunities to reach out to the able-bodied and help them understand that there are usually choices in every situation. (Able-bodied people have a lower threshold of abstract thought and tend to see only one set of circumstances). Be polite and speak slowly when you are explaining something to an able-bodied person; often, if they don't understand you the first time, they will be too embarrassed to ask for another explanation.

If you follow these rules and keep up your compassion for the able-bodied, in time our society may become broadminded enough to recognize them as equals. Within their limitations, of course.

Author Unknown

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Appendix z

From Your SAC Assistance Program

FROM YOUR SAC ASSISTANCE PROGRAM

The following videos are available for free viewing by SAC students and employees.

MIRROR, MIRROR ON THE WALL: Symptoms, Effects and Recovery From Eating Illness with Joan Ebbitt.

THE TRUTH AND CONSEQUENCES OF DRUG AND ALCOHOL ABUSE presents an in-depth discussion of the most pressing issues of drug and alcohol abuse.

THE ADDICTIVE PERSONALITY explores the individual personality traits most likely to suffer chemical or other addictions.

ALCOHOLISM: PIT OF DESPAIR is a discussion of the progressive nature of alcoholism, the various stages of its development, and behavior patterns common to each stage.

STRESS AND STRESS MANAGEMENT LECTURE--"COPING WITH STRESS" with Everette Wagner.

YOUNG PEOPLE IN AA

ROLES with Claudia Black is #2 in a series for children of alcoholics concerning the various roles that children adopt in order to cope with a dysfunctional family environment.

THE PROCESS OF RECOVERY #3 (OF ADULT CHILDREN OF ALCOHOLICS) with Claudia Black.

CHILD'S VIEW #4 with Claudia Black.

AL-ANON SPEAKS FOR ITSELF (3 VIDEOS)

RECOVERY FROM AN EATING DISORDER: HOW THE BATTLE AGAINST EATING DISORDERS CAN BE WON includes information about compulsive overeating, anorexia, and bulimia.

MEDITATIONS FOR COMPULSIVE PEOPLE

SAY YES TO LIFE with Father Leo Booth

CREATING HEALTHY RELATIONSHIPS with Father Leo Booth-- Ten steps on how to have a successful and healthy relationship

INTERVENTION: HOW TO HELP SOMEBODY WHO DOESN'T WANT TO BE HELPED with Father Leo Booth

SPIRITUALITY AND ACOA RECOVERY with Father Leo Booth

OVERCOMING RELIGIOUS ADDICTION AND RELIGIOUS ABUSE with Father Leo Booth. When religion itself becomes a compulsion that obstructs happiness and emotional well-being.

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ALATEEN TELLS IT LIKE IT IS (16 min.) Teenage children of alcoholics discuss their recovery from the effects of their parent's alcoholism.

THE CO-DEPENDENT WOMAN: How women, because of their socialization, can lose their own indentity and sense of self worth due to the compulsive behavior of others.

SERENITY: A VISUAL IMAGING VIDEO

SEXUAL ADDICTION Discusses masturbation, prostitution, homosexual and heterosexual relationships, voyeurism, and categories of sexual addiction.

PANDORA'S BOTTLE: THE DRINKING WOMAN includes several stories on the behavior styles of alcoholic women, and how alcohol and uniquely affects women.

CO-DEPENDENT DENIAL: How co-dependency results in loss of self.

DEPENDENT DENIAL: How the denial of alcohol and other drug addictions delays recovery.

ALCOHOLISM: THE BOTTOM LINE: Includes stories of alcoholic people, lies and manipulations by the alcoholic.

AA AND THE ALCOHOLIC

12 STEP THEORY AND PRACTICE

THE TWENTY QUESTIONS of chemical addiction.

CONTINUING RECOVERY SKILLS

21 DAYS TO STOP SMOKING A how-to, step by step program to stop smoking in twenty-one days. By the American Cancer Society.

BOOZERS AND USERS with James Franciscus

THE DEPENDENT WOMAN with Barbara Likens. How women are likely to fall into the trap of chemical of other dependence.

MARIJUANA AND YOUR MIND
Part 1: "What it is, what it does."
Part 2: "Smoking or coping."

20 QUESTIONS ABOUT THE DRUG-FREE WORK PLACE ACT

SIX ORDINARY PEOPLE

These videos may be viewed in MLC 116 at your convenience. Reservations for viewing may be made by calling extension 2175.

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Appendix aa

Self-Help Books

SELF-HELP BOOKS

Black, C. (1981). It Will Never Happen to Me! Denver, CO: M.A.C. Publishers.

Forward, S. (1986). Men Who Hate Women and the Women Who Love Them. New York: Bantam Books.

Larsen, Earnie (1985). Stage II Recovery: life beyond addiction. Minn.,MI: Winston Press.

McConnell, Patty (1986). Adult Children of Alcoholics: a workbook for healing. New York: Harper & Row.

Norwood, Robin. (1976). Women Who Love Too Much. New York: Jeremy P. Tarcher, Inc.

Schaef, Anne. (1986) Co-Dependence: misunderstood-mistreated. Minn.,MI: Winston Press.

Wegscheider, S. (1981). Another Chance. Hope and Health for the Alcoholic Family. Palo Alto, CA: Science & Behavior Books.

Wegscheider, S. (1985). Choice-making for co-dependents, adult children and spirituality seekers. Pompano Beach, Florida: Health Communications, Inc.

Woititz, J. G. (1983). Adult Children of Alcoholics. Ca: Health Communications, Inc.

Woititz, J. G. (1985). Struggle for Intimacy. Pampano Beach, FL: Health Communications, Inc.

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Appendix bb

SEAP Book List

SEAP Book List

The following is a list of books which may be borrowed from the Student-Employee Assistance Program. These books may be borrowed for up to two weeks, by students, staff, faculty or their family members. Our office hours are from 8:00 - 4:00 Mon. - Fri. We are located in the Moody Learning Center, Room 116 & 116A. If we can be of any further assistance, please call 733-2175.

TITLE	AUTHOR
A.A. Service Manual 12 Concepts For World Service	A.A. World Service
Adult Children of Alcoholics	Janet Woititz
Against the Wall: Men's Reality in a Co-dependent Culture	John Hough and Marshall Hardy
AIDS On the College Campus	American College Health Association
Al-Anon Faces Alcoholism	Al-Anon Family Groups
Al-Anon Family Groups	Al-Anon
Alcoholics Anonymous (The Big Book)	A.A. World Services
A School Answers Back	Richard A. Hawley
Behavioral Aspects of Smoking	NIDA
Beyond Survival: A Writing Journey For Healing Childhood Sexual Abuse	Maureen Brady
The Chemistry of Human Behavior	Herbert L. Meltzer
Citizens Alcohol and Other Drug Prevention Directory	U.S. Dept. of Health and Human Services
Co-dependent No More	Melody Beattie
The Dilemma of the Alcoholic Marriage	Al-Anon
Ecology of Alcohol and Other Drug Use: Helping Black High-Risk Youth	U.S. Dept. of Health and Human Services
Feeding the Empty Heart: Adult Children and Compulsive Eating	Mcfarland and Baker-Baumann
God's Lost Children	Sister Mary Rose McGeady

Healing Visualizations	Gerald Epstein
If Only I Could Quit Recovering From Nicotine Addiction	Karen Casey
The Impact of Incest	Beverly Caruso
Narcotics Anonymous	N.A.
Palmer Drug Abuse Program	P.D.A.P.
Raising Drug Free Kids	William H. Perkins
Resource Directory for Substance Abuse Professionals	Texas Commission on Alcohol and Drug Abuse
The Road Less Traveled	Scott Peck
Schools Without Drugs	U.S. Dept. of Education
Sexual Abuse Lets Talk About It	Margaret O. Hyde
Student Success	Al Siebert
Twelve Steps and Twelve Traditions	A.A. World Service
Use of Selected Drugs Among Hispanics	U.S. Dept. of Health and Human Services
What You Should Know About Sex and Sexuality	Claudia Hatch
What Everyone Needs to Know About Sex Addiction	
Your Mythic Journey - Finding Meaning in Your Life Through Writing and Storytelling	Sam Keen

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Appendix cc

Leadership

LEADERSHIP

Leadership Characteristics

- Internal Drive (over-achiever)
- High Intelligence (quick-study)
- Mental/Emotional Stability (well-grounded)
- High Integrity (straight-shooter)

Leadership Traits

Good Interpersonal Relations (good listener)

Honesty	Trust
Communicator	Understands Power
Problem-Solver	Team Builder
Creative	Cooperative
Humor	Motivator
Visionary	Self-Knowledge (self-confident)
Quality Oriented	Worldmindedness
Risk-Taker	Lots of Energy

Leadership Action Plan

(1) Challenging the Process
- Seek Opportunities
- Evaluation
- Take Risks

(2) Inspiring a Shared Vision
- Envision the Future
- Enlist Others to Help
- Provide Direction

(3) Enabling Others to Act
- Collaboration
- Provide Resources
- Strengthen Others

(4) Modeling the Way
- Set the Example
- Plan Small Wins

(5) Encouraging the Heart
- Recognize Individual Contributions
- Celebrate Accomplishments

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Leadership Style

Transactional-- (quid pro quo) "this for that"

wages for) labor

recognition for) loyalty

fairness for) trustworthiness

Transformational-- "empovers followers"

synergistic- whole is greater than the parts

leaders: create vision; show personal commitment; inspire others; transform followers; change beliefs

situation) change) vision) acceptance) new situation

Examples of transformational leadership:

Total Quality Workforce
Self-Directed Work Teams

What characteristics, traits, opportunities do you have to become a leader?

Leadership comes in many forms: Initiator, Intermediator, Facilitator, Change Agent

Big L and Little l: Big Leaders are presidents, CEO's, the movers and shakers in our societies.

Little leaders are club presidents, team coordinators, the movers and shakers in our communities.

All are people of action.

You are all leaders of tomorrow. You have the traits and characteristics. Take the opportunity to development. If the situation arises, become the leader you were meant to be.

Reference: Kouzes and Posner (1991)

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Appendix dd

12 Step Success Program

12 STEP SUCCESS PROGRAM

1. We admitted ve vere poverless over _____, that our lives had become unmanageable.

2. Came to believe that a Pover greater than ourselves could restore us to sanity.

3. Made a decision to turn our vill and our lives over to the care of God as ve understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our vrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons ve had harmed, and became villing to make amends to them all.

9. Made direct amends to such people vherever possible, except vhen to do so vould injure them or others.

10. Continued to take personal inventory and vhen ve vere vrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact vith God as ve understood Him, praying only for knovledge of His vill for us and the pover to carry that out.

12. Having had a spiritual avakening as the result of these steps, We tried to carry this message to those hurting, and to practice these principles in all our affairs.

Reference: Alcoholics Anonymous, 1976.

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Appendix ee

Communication and Presentation

Peer Educators
Communication and Presentation

Notes

Overcome Fear

Topics-- What are you interested in?
- What do you like
- What do you like to research
- What do you feel comfortable with
- What will help you stay confident with audience

Who is your audience?
- Analyze your audience
- Don't overwhelm audience

****

Content-- Purpose

- Begin preparing at the end
- Determine where you are going
- Develop what you want to talk about
  - 2,3, or maybe 4 main points
- Make an outline

****

Introduction--

- Draw audience into presentation by gaining their attention
- Link with audience
- Preview what you are going to speak about

****

Conclusion--

- Have a goal
- Refocus the attention of audience
- Have only one conclusion
- Avoid saying "in summary" or "in conclusion"
- Say last sentence with finality
- You're not finished until you're gone

****

Verbal Supports-- Stories, true examples, statistics, testimony

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Visual Supports--

Aids to help audience understand
Audience remembers what you said
Attention-getting
Something to look at
Helps you remember (notes for you)

Rules for visual supports:
Keep it out of sight until ready for use
Put it away when you are finished
Don't fumble with the aid
Murphy's Law
Neatness does count
Make sure it's visual
Don't talk to visual aid
Always keep talking
Don't pass things around

****

Delivery--

How do you stand?
Movement...walking
What do you do with your hands (gestures)?
Memory, script, or topic outline
Using a lectern
Demonstrate vocally
Look at people--eye contact
What do you do at the beginning--
look at audience
begin slowly
speak loudly
pause right before you begin
When you end--
finish with finality
then pause (its over)

****

Summary--

It's not easy
Study books on the subject out of the library
Take a class in Speech
Good luck!

Appendix ff

Outline of a Sample Presentation

Outline of a Sample Presentation

Tell the group who you are, what office/school you represent, and why you are there.

"My name is John/Mary Doe, I represent the Peer Educators at San Antonio College, and I am here today to speak to you about the consequences of drinking and driving. The reason I take an interest in this is. . . ."

Describe the problem, consequences, and present some statistical data to support your assertions.

"50% of all fatal car crashes are directly caused by drunk drivers. . . . People who drink go through a kind of denial that they have a problem driving after drinking. . . . How much drink is too much, well, ... Alcohol-and drug-related accidents are the main cause of death for your age group, and not only that but. . . . DWI's cost a great deal of money and often you have to go to jail. . . ."

Present a program that is appropriate for the age, size, and background of your group.

"I want you to watch this short video. . . . I would like to tell you about my sister, she didn't make it. . . . I have a group exercise for you today. . . . I have asked the police here to give you a demonstration. . . ."

Talk about some solutions or ways that people can avoid the consequences and problems caused by drinking and driving.

"Drinking in moderation is a simple solution to many of these problems of . . . A designated driver is a real good idea and that person should receive the support of. . . . Plan your drinking ahead of time--how many, over what period of time, with food. . . ."

Make time for questions and a short discussion period to give participants a chance to respond.

"Are there any questions on today's presentation. . . .I know some of you wanted to say something while the panel was discussing. . . .What role do you think Mary played in this video about. . . ."

Conduct evaluation of the presentation.

"We would like some feedback from you. . . .Here is a form we would like you to fill out, it takes two minutes. . ."

Appendix gg

Posttest for Peer Educators

PEER EDUCATOR TRAINING PROGRAM

POSTTEST ON ALCOHOL AND OTHER DRUG KNOWLEDGE

True or False

F 1. Alcohol is usually classified as a stimulant.

T 2. Consuming milk before drinking alcoholic will slow down the absorption of alcohol.

F 3. "Horse" is a street name for hashish.

F 4. "Designer drugs" are look-alike prescription drugs that were first used by people in the clothing industry in New York City.

T 5. Approximately 50% of all fatal auto accidents are related to alcohol and other drugs.

F 6. A person cannot become an alcoholic by just drinking beer.

T 7. Moderate consumption of alcoholic beverages is generally not harmful to the body.

T 8. Crack cocaine is very addictive (in part) because it is absorbed into the pleasure centers of the brain.

F 9. Drinking coffee or taking a cold shower can be an effective way of sobering up.

F 10. Liquor mixed with soda (Coke, 7-Up, etc.) will affect you faster than liquor drunk straight.

T 11. Drinking of alcoholic beverages has been common in the U.S.A. since the Puritans.

T 12. Hair sprays, insecticides, correction fluid, and freon are regularly abused as inhalants.

T 13. HIV/AIDS is closely linked to drugs and alcohol.

T 14. Tolerance is the ability to endure drugs at a higher rate without undue psychological or physiological harm.

F 15. About 90% of the students at San Antonio College drink on a regular basis, according to a recent survey of student attitudes.

Source: Noah, 1988.

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Certificate of Completion

This is to certify that

_____

has completed the program of instruction for the FIPSE: Institution-Wide Drug Prevention Program in Peer Education and is qualified to make presentations on alcohol and other drug topics.

San Antonio College

_____
Instructor/Coordinator

_____
Director

Appendix hh
Peer Certificate

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Assessment of Mastery

Participation in seminars is considered an acceptable format for credit by the Texas Association of Alcohol and Drug Abuse Counselors (TAADAC) as long as it (1) increases the knowledge of the participants, and (2) is conducted by a qualified person. For TAADAC credit, a clock hour means 50 minutes of attendance and participation.

At San Antonio College, many courses have special attendance requirements, but in most cases students are expected to attend all classes. Generally, for continuing education credit, a student must have eighty percent attendance or better to receive credit based on mastery. For this series of seminars in the **Peer Educator Training Program**, participants must be present at all times unless excused by the Peer Educator Coordinator. For excused absences, the participant must make an appointment with the Peer Educator Coordinator to receive materials, a brief overview of the content missed, and assignments.

Participants who attend eighty percent or more of the seminars, make up excused absences (if any), participate in the seminars and presentations, and take

the pretest/posttest (must make 70 or higher on posttest) are considered to have mastered the course.

Training Policies

The following policies will be used to guide the facilitation of the seminars:

1. the environment will be comfortable so participants can maximize involvement in the educational opportunities;
2. participants will be respected and serve as a resource for discussion of the concepts presented;
3. learning style and/or accommodation will be considered to allow full access by each participant;
4. responsibility for learning will be shared by instructor and participant;
5. time and days for the seminars will be scheduled according to the availability of each class to maximize the participation of the peer educator candidates; and,
6. participants will be required to attend (at a minimum) eighty percent of the seminars offered in order to receive certification in this program.

Continuation of Seminar Evaluation

A follow-up evaluation should be conducted by surveying the participants six months after the completion of the seminar series. This information (considering the long-term benefits of the training) could be evaluated to assess the value, and document the continued validation, of this series of seminars. A longitudinal study may require additional data which could be gained through a random sample at a later date.

Revision

The evaluations from the seminar sessions, the comments from participants and facilitators, and the continuation of evaluation surveys will be used to revise the curriculum as needed to keep the content, activities, and handouts relevant.